

GEORGIA DEPARTMENT OF PUBLIC HEALTH (DPH) LONG-TERM CARE FACILITY (LTCF) COVID-19 WEEKLY REPORT SUMMARY

- **COVID-19 Outbreaks**

- Continued outbreaks in the long-term care setting. Week 51 has reported **25** outbreaks as 12/31/2021. Please see Figure 1 on page 2 for reference.

- **Community Transmission**

- As of 9/10/2021, CDC recommends using its County-Level Community Transmission Data Tracker to determine community transmission level: <https://covid.cdc.gov/covid-data-tracker/#county-view>. This transmission tracker includes county-specific transmission indicators, which include **High** (red), **Substantial** (orange), **Moderate** (yellow) and **Low** (blue).

- **COVID-19 Breakthrough Cases**

- **127** resident breakthrough cases reported during the 4-week reporting period ending on December 26, 2021. Breakthrough cases are anticipated as the vaccines do not have 100% efficacy. Generally, most breakthrough cases experience mild to no symptoms.

- **Proportion Estimates of COVID-19 Variants**

- We have included Nowcast data on page 4 and 5 of this report. We encourage facilities to check CDC's website for information about the Delta variant (<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>).

- **Resident & Staff COVID-19 Vaccination**

- Positive trend for staff vaccination. Vaccination is encouraged to stop the spread and protect against COVID-19. Please see Figures 9 and 10 on page 9.

- **Resident & Staff COVID-19 Cases and Deaths**

- Increase of cases among both residents and staff in the long-term setting.
 - Resident cases (145) have increased by **339%** (Table 3 and Figure 5 on page 6).
 - Staff cases (247) have increased by **502%**. (Table 3 on page 6, and Figure 7 on page 7).

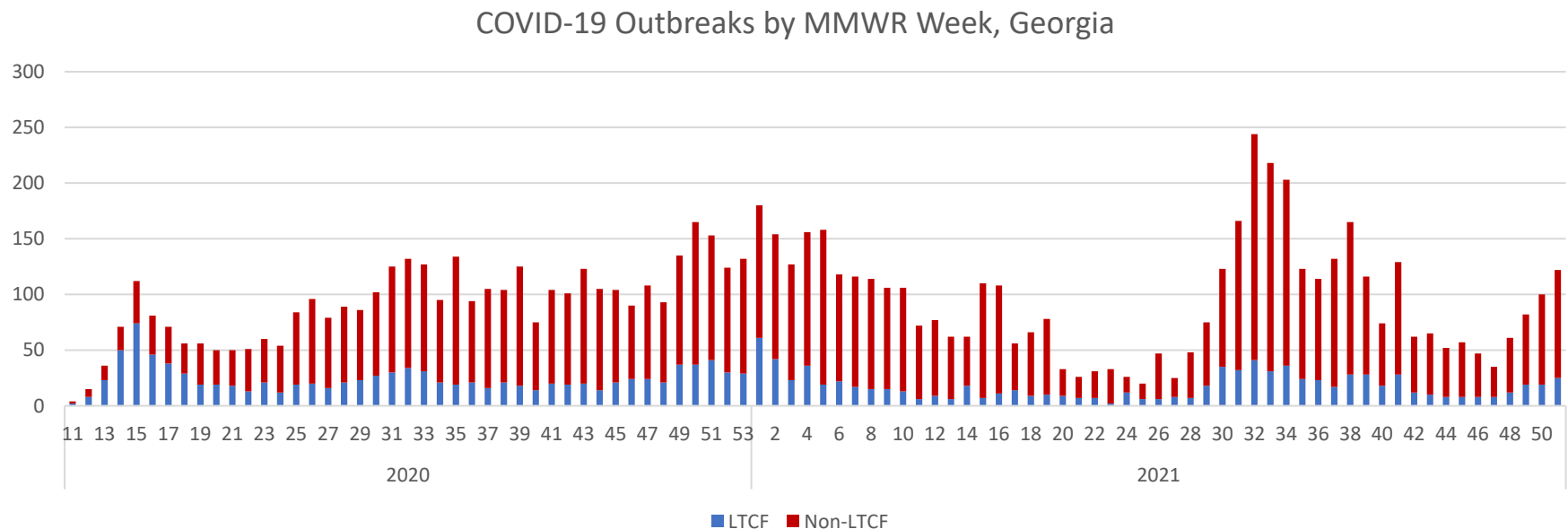
GEORGIA DEPARTMENT OF PUBLIC HEALTH (DPH) LONG-TERM CARE FACILITY (LTCF) COVID-19 WEEKLY REPORT (12/31/2021)

This report provides data and guidance updates for the Georgia Long-Term Care Community. Direct questions to Iman Bogoreh at iman.bogoreh@dph.ga.gov.

COVID-19 Outbreaks

COVID-19 outbreaks are reported to Georgia's State Electronic Notifiable Disease Surveillance System (SendSS) through the Outbreak Management System (OMS). All long-term care outbreaks by week are included in the graph below; the proportion of long-term care facilities include assisted-living facilities, personal care homes (25 beds or greater), and skilled-nursing homes.

Figure 1. COVID-19 Outbreaks



*Data are preliminary as of reported date and are subject to change

COVID-19 Community Transmission

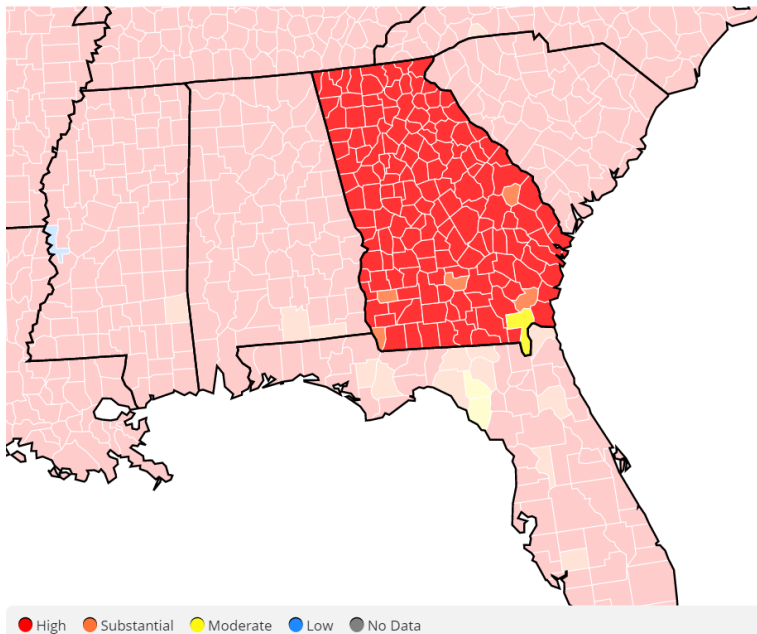
The summary below provides community transmission levels based on data reported to the Centers for Disease Control and Prevention. Case rate is based on data from December 23, 2021 – December 29, 2021 and percent positivity is based on data from December 21, 2021 – December 27, 2021. Community transmission for the state of Georgia is **high**.

Summary of Community Level Transmission

Table 1. Community-Level Transmission for the state of Georgia

Cases	77,928
% Positivity	25+
Case Rate per 100,000	734
Deaths	230
% of Population ≥ 5 Years of Age Fully Vaccinated	54.4%
New Hospital Admission (7-Day Moving Average)	320.71

Level of Community Transmission in Georgia



For a more detailed report on community transmission levels please visit https://covid.cdc.gov/covid-data-tracker/#county-view|Georgia|Risk|community_transmission_level

COVID-19 Breakthrough Cases

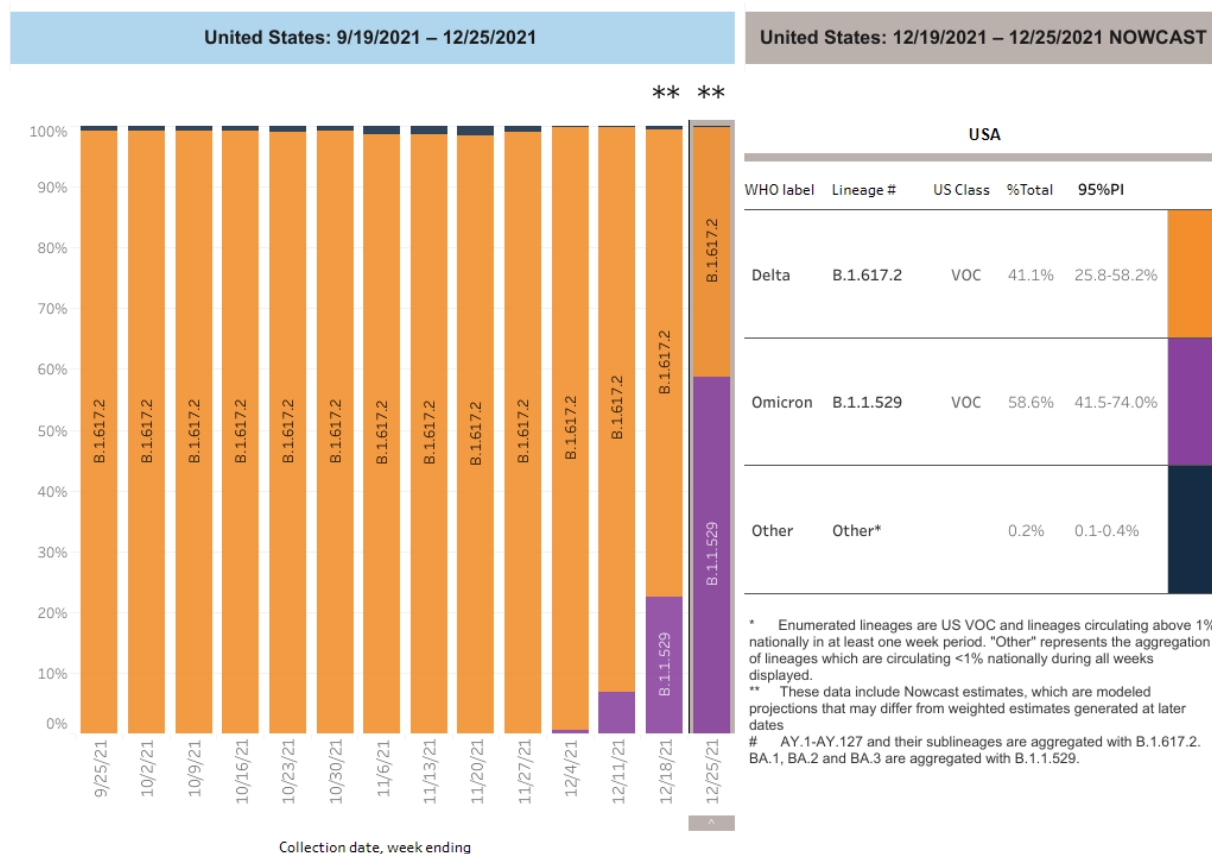
There are **127** resident COVID-19 breakthrough cases reported to NHSN through a 4-week period ending December 26, 2021. A breakthrough case is defined as COVID-19 case that occurred in a person who has completed vaccination (e.g., 14 days post dose 2 of a two-series vaccine OR 14 days post dose 1 of a one-series vaccine).

*Data are preliminary as of reported date and are subject to change

Proportion Estimates of COVID-19 Variants

Proportion estimates of COVID-19 variants are provided to DPH by the Centers for Diseases Control and Prevention (CDC). We have included data for the nation and the Southeast region.

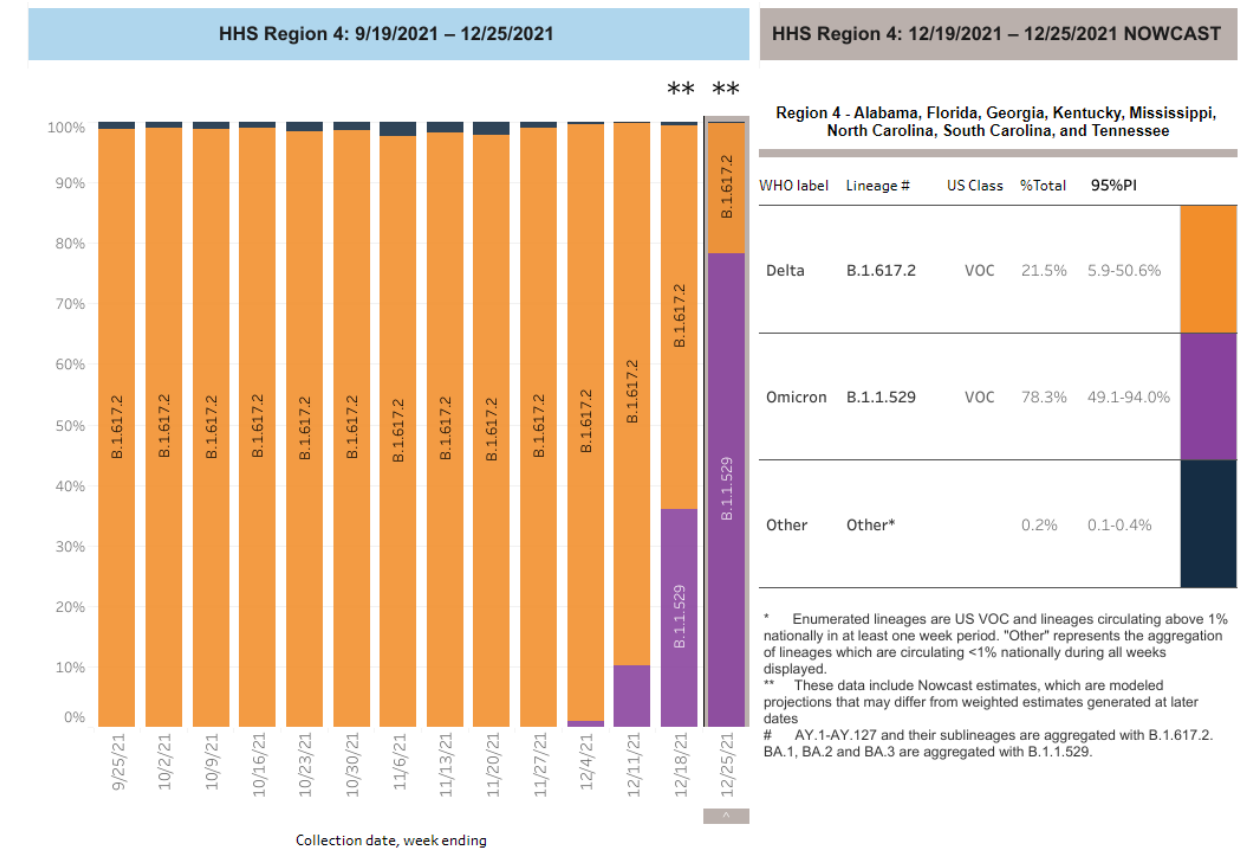
Figure 2. Nationwide Proportion Estimate of Variants



- The Omicron (B.1.1.529) variant predominates the nation. Nationwide, the CDC predicts that the Omicron variant accounts for 58.6% of all SARS-CoV-2 lineages circulating for the one-week period ending on 12/25/2021.
- DPH encourages vaccination of individuals aged 5 and up to protect against COVID-19.

The following link provides attributes of the variants mentioned in the graph above, including transmission and susceptibility to vaccines, monoclonal antibodies, and convalescent sera: <https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html>

*Data are preliminary as of reported date and are subject to change

Figure 3. Southeast Region Proportion Estimate of Variants

- In the Southeast region, the CDC predicts that the Delta variant accounts for 78.3% and the Omicron variant (B.1.1.529) accounts for 1% of SARS-CoV-2 lineages circulating for the one-week period ending on 12/25/21.

The following link provides attributes of the variants mentioned in the graph above, including transmission and susceptibility to vaccines, monoclonal antibodies, and convalescent sera: <https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html>

*Data are preliminary as of reported date and are subject to change

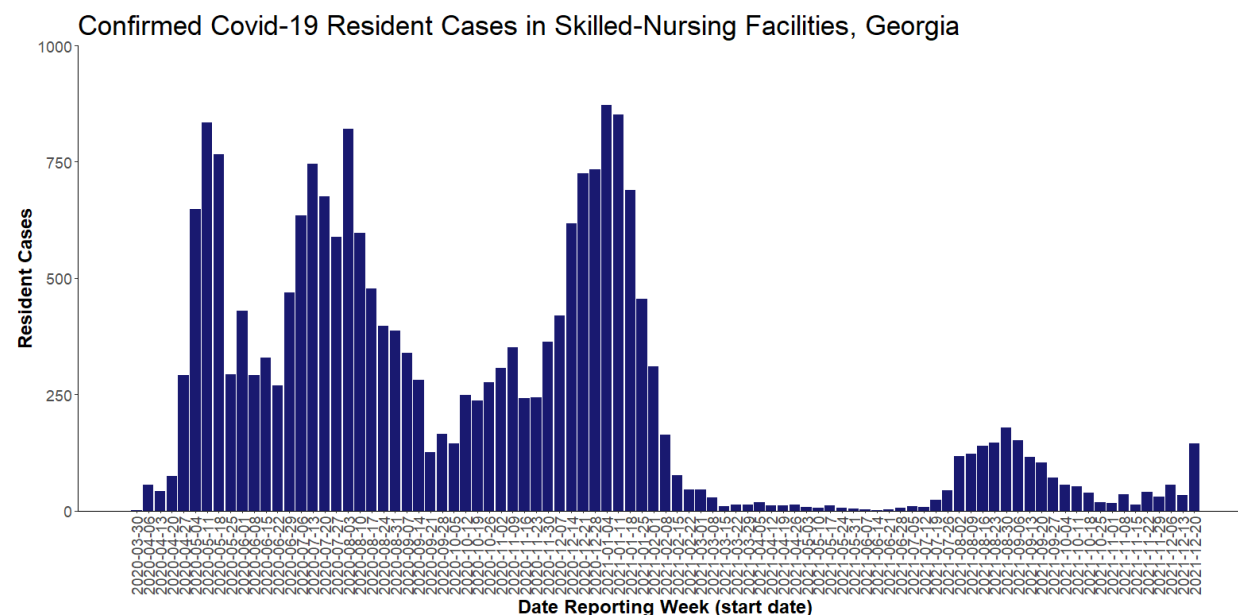
Resident and Staff COVID-19 Cases and Deaths in Skilled-Nursing Facilities

Resident and staff case and death counts are gathered from the CDC's National Healthcare Safety Network (NHSN). All 365 skilled-nursing facilities in Georgia are required by the Centers for Medicare & Medicaid Services (CMS) to report case and death counts to NHSN. A confirmed COVID-19 case is defined as a resident or staff newly positive for COVID-19 based on a viral test result. The test result may be from a NAAT/PCR or an antigen test. A COVID-19 death is defined as a resident or staff who died from SARS-CoV-2 (COVID-19) related complications and includes resident deaths in the facility AND in other locations, such as an acute care facility, in which the resident with COVID-19 was transferred to receive treatment. Data is presented for the 7-day period with the week start date.

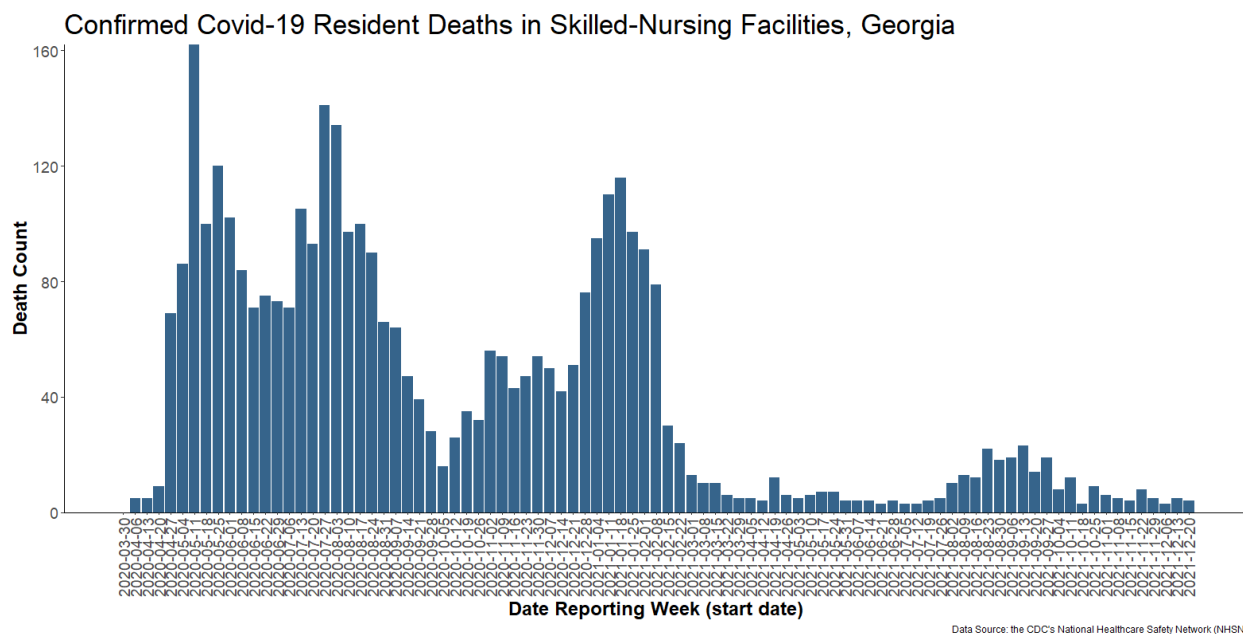
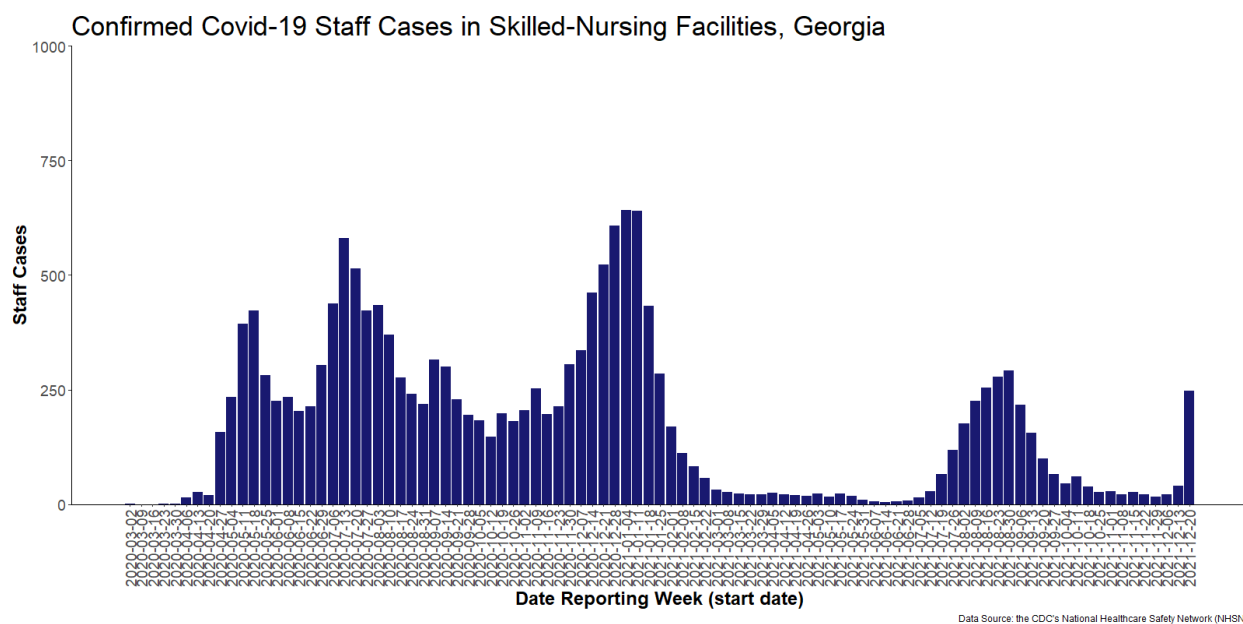
Table 2. Summary of NHSN Case and Death Counts

	Two Weeks Ago (Dec 06 – Dec 12, 2021)	Previous Week (Dec 13 – Dec 19, 2021)	Current Week (Dec 20 – Dec 26, 2021)	Cumulative data since March 02, 2020
No. of Resident COVID-19 cases	55	33	145	21,391
No. of Resident COVID-19 deaths	3	5	4	3,611
No. of Staff COVID-19 cases	22	41	247	16,407
No. of Staff COVID-19 deaths	0	0	0	62

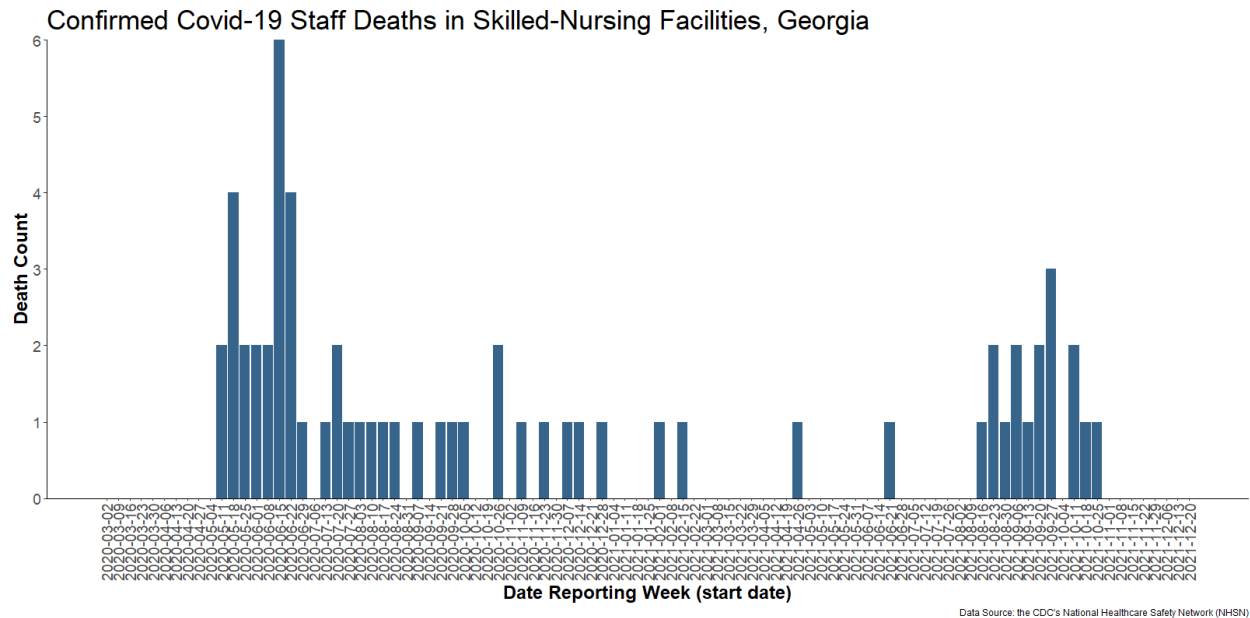
Figure 4. Resident COVID-19 Cases



*Data are preliminary as of reported date and are subject to change

Figure 5. Resident COVID-19 Deaths**Figure 6. Staff COVID-19 Cases**

*Data are preliminary as of reported date and are subject to change

Figure 7. Staff COVID-19 Deaths

*Data are preliminary as of reported date and are subject to change

Percentage of Residents and Staff Vaccinated in Skilled Nursing Facilities

The data below summarizes the percentage of residents and staff vaccinated for COVID-19 in skilled-nursing facilities. Partial vaccination rate includes resident or staff that have only received dose 1 of a two-dose series (i.e., Pfizer or Moderna). Complete vaccination rate includes resident or staff that have received dose 1 AND dose 2 of a two-dose series and a dose of a one-dose series (i.e., Janssen). As of June 13, 2021, CMS requires skilled nursing homes to report COVID-19 vaccination data to NHSN; voluntary reporting occurred before this date.

Figure 8. Vaccination Coverage among Residents

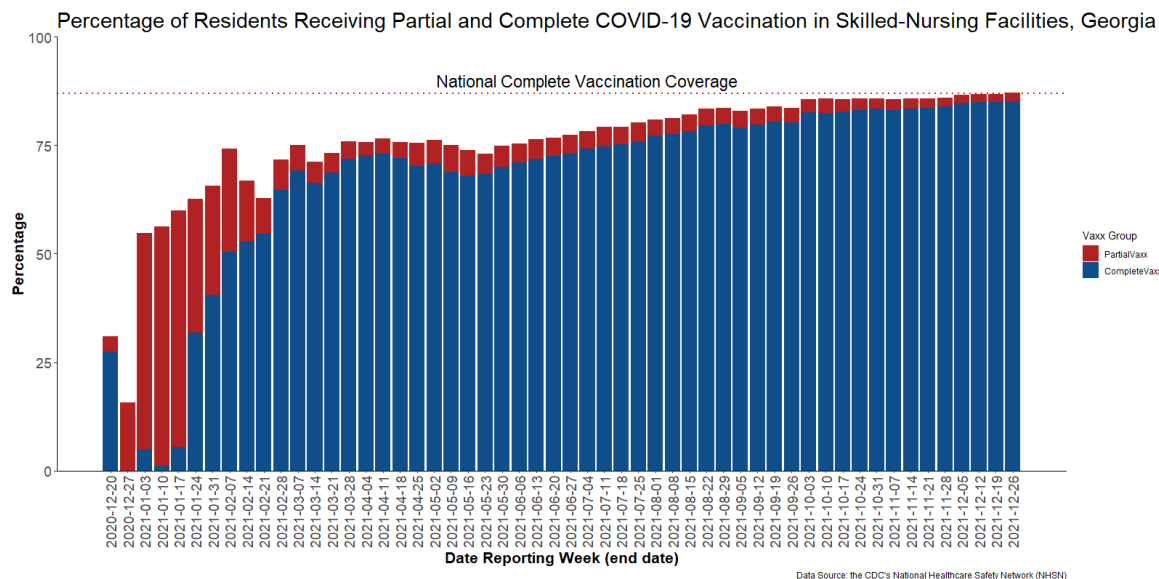
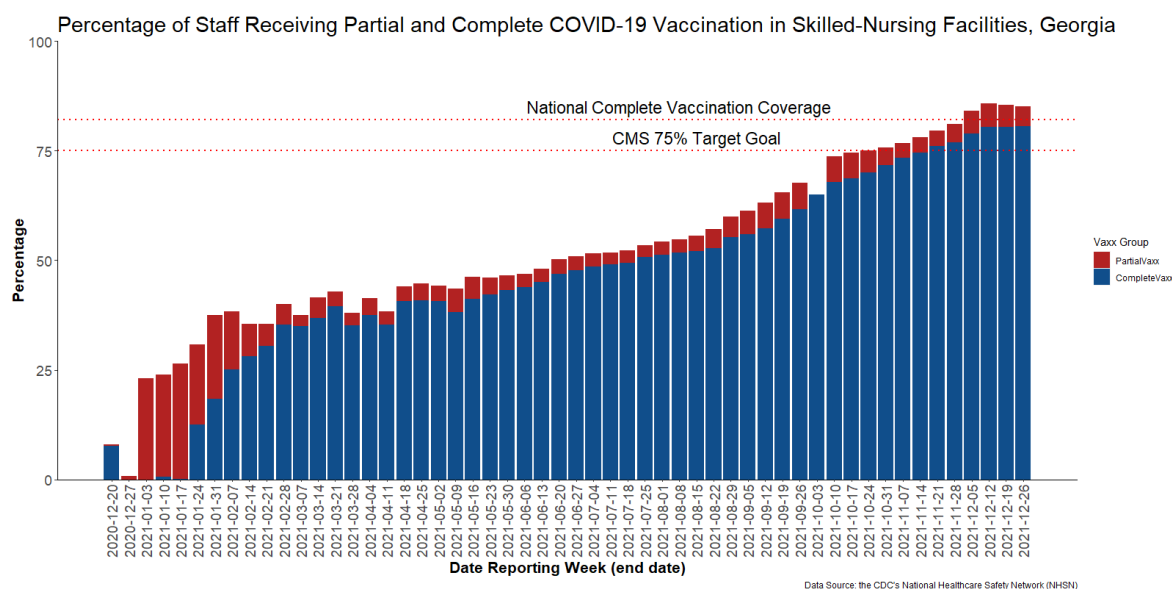
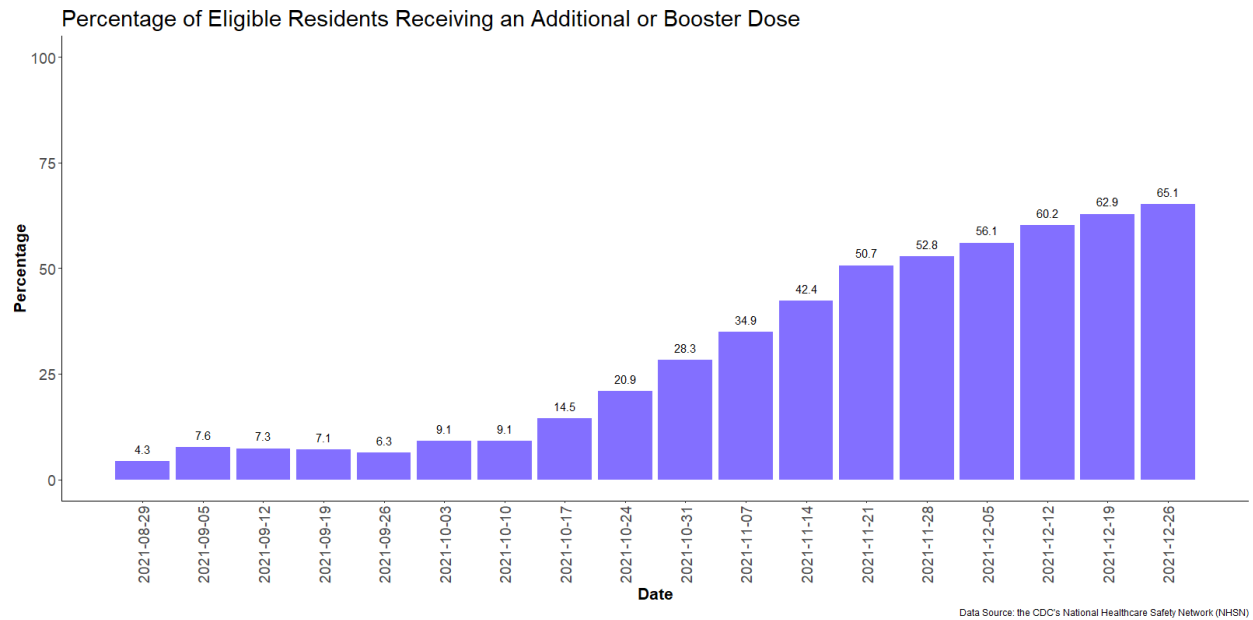
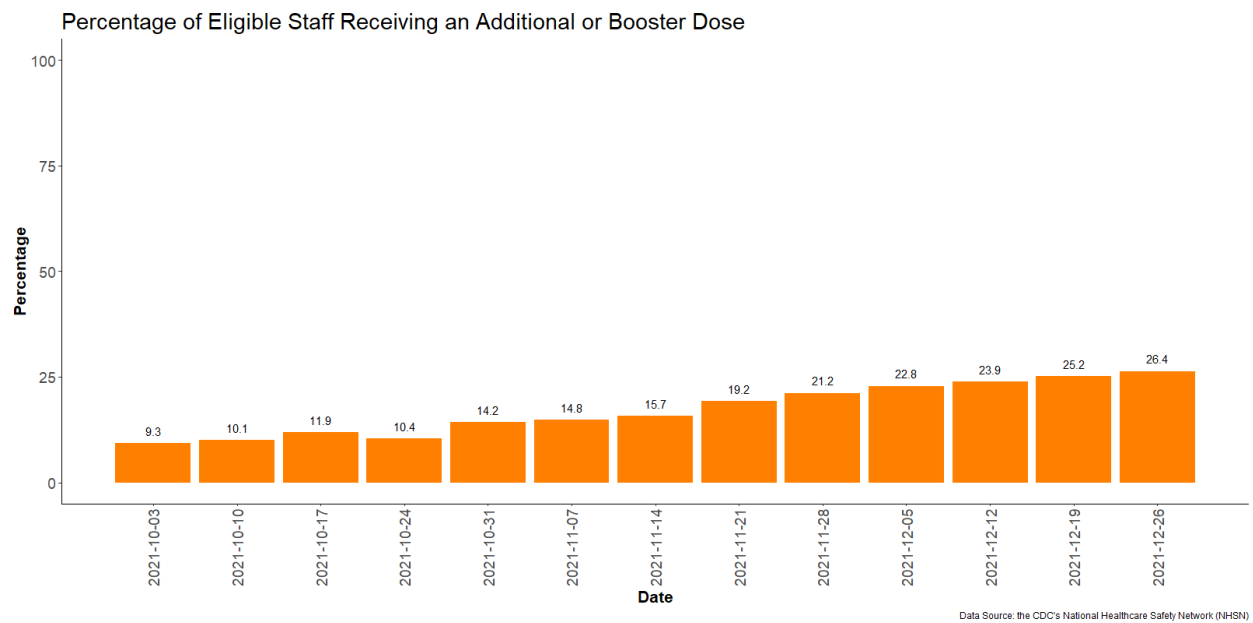


Figure 9. Vaccination Coverage among Staff



To view a list of vaccination rates for all US nursing homes, go to: <https://data.cms.gov/covid-19/covid-19-nursing-home-data>

*Data are preliminary as of reported date and are subject to change

Figure 10. Percentage of Residents with a Booster Dose**Figure 11. Percentage of Staff with a Booster Dose**

*Data are preliminary as of reported date and are subject to change

Monoclonal Antibody Treatments

While vaccines are the most effective intervention against COVID-19, monoclonal antibodies (mAb) should be considered during COVID-19 outbreak or confirmed resident or staff exposures. A confirmed exposure is an event in which an individual was within 6 feet for 15 or more minutes in a 24-hour period of an individual with a laboratory-confirmed case of COVID-19. For determining staff exposure, review CDC healthcare worker risk assessment at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>.

We recommend all long-term care facilities (LTCFs) ensure they have access to this treatment. To support having this therapeutic option at your facility, discuss with your medical director, contact your local hospital/health system to ask if they provide mAb therapies and how candidates can access the treatment, and discuss with your pharmacy vendor.

Information for mAb: <https://combatcovid.hhs.gov> (includes EUA criteria, consolidated playbooks, and educational materials).

Fact sheets for mAb administration: <https://combatcovid.hhs.gov/hcp/resources-clinicians>.

For facilities able to administer mAb on site: Effective 9/17/2021, Georgia receives the state's allocation numbers from the Department of Health and Human Services (HHS) every Tuesday afternoon. Providers must submit their requests by 12 PM on Wednesdays through <https://ga.readyop.com/fs/59Dp/dfe9> to be considered in that week's allocation.

For LTCFs that wish to have on-site support for mAb treatment for residents: We refer to the Special Projects for Equitable and Efficient Distribution (SPEED) program. Partners have been enlisted to help order, deliver, and even administer mAb.

- The National Home Infusion Association (NHIA) can provide mAbs and staffing to administer mAb infusions; for more information, visit the NHIA health department page which includes provider-finder tools. For questions about the SPEED program, please email COVID19therapeutics@hhs.gov.
- The American Society of Consultant Pharmacists (ASCP) works with long-term care pharmacies which can help LTCFs with ordering mAbs and supplies and is a good option for LTCFs that wish to manage infusion administration on their own; more info here: <https://www.ascp.com/page/mab>.

On July 30, 2021, FDA modified the EUA allowing for an additional use for the COVID-19 monoclonal antibody therapeutic REGEN-COV (casirivimab and imdevimab). The REGEN-COV Emergency Use Authorization (EUA) has been expanded to include post-exposure prophylaxis. FDA's authorization of a therapeutic product for post-exposure prophylaxis is a significant advancement in the COVID-19 response that supplements vaccination for disease prevention. Bamlanivimab and Etesevimab are also approved for post-exposure prophylaxis; see <https://www.fda.gov/media/145610/download> and additional updated Fact Sheets (see EUA Fact Sheets at <https://combatcovid.hhs.gov/hcp/resources-clinicians>).

*Data are preliminary as of reported date and are subject to change

On August 12, 2021, CDC provided a Clinician Outreach and Community Activity Call to discuss the FDA's role in issuing EUAs for certain monoclonal antibodies, options for compassionate use, the process for ordering and distributing monoclonal antibodies, and current data on using monoclonal antibodies for both non-hospitalized and immunocompromised patients; see:

https://emergency.cdc.gov/coca/calls/2021/callinfo_081721.asp

On August 27, 2021, CDC, FDA and ASPR informed that [bamlanivimab and etesevimab administered together under Emergency Use Authorization \(EUA\) 094](#) are not to be used in states in which recent data shows the combined frequency of variants resistant to bamlanivimab and etesevimab administered together is less than or equal to 5%. FDA has [posted a list of states, territories, and U.S. jurisdictions](#) in which bamlanivimab and etesevimab administered together are currently authorized. This list will be updated.

Guidance Updates

On December 27, 2021, CDC updated isolation and quarantine guidance **for the community**.

[CDC Updates and Shortens Recommended Isolation and Quarantine Period for General Population | CDC Online Newsroom | CDC](#)

These updates are not intended to apply to healthcare settings. CDC's recommendations for healthcare personnel remain what are posted in the following guidance document, which were updated on December 23, 2021. An infographic included on these pages summarizes the key recommendations for work restriction for healthcare personnel with SARS-CoV-2 infection or with exposure to someone with SARS-CoV-2 infection.

[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)

[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)

In the coming days, the CDC will be updating other healthcare infection prevention and control guidance to more closely align with the changes made for healthcare personnel. Until those updates are made on the CDC website, the currently posted guidance (at the following links) reflects the current recommendations regarding duration of isolation and quarantine for patients and residents.

[Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)

[Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC](#)

Additionally, OSHA has issued a statement on the status of their Healthcare Emergency Temporary Standard, which can be accessed here:

[COVID-19 Healthcare ETS | Occupational Safety and Health Administration \(osha.gov\)](#)

Booster Vaccination for LTCF Residents and LTCF Staff

CDC has updated its recommendations regarding booster doses. See <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>

For those receiving primary doses of Pfizer-BioNtech or Moderna

You should get a booster if you are:

- 18 years of age and older

When to get a booster:

At least 6 months after receiving your primary COVID-19 vaccination series.

Which booster should you get?

Any COVID-19 vaccines authorized in the United States can be used for the booster dose.

For those receiving Johnson & Johnson's Janssen

You should get a booster if you are:

- 18 years of age and older

When to get a booster:

At least 2 months after receiving your shot.

Which booster should you get?

Any COVID-19 vaccines authorized in the United States can be used for the booster dose.

Additional Vaccination Resources

- Updated CDC recommendations regarding COVID-19 vaccines: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#overview-covid19-vax-recommendations>
- Georgia Long-Term Care Facilities requesting DPH assistance with booster doses, need to complete this survey: <https://www.surveymonkey.com/r/LTCBoosterPlan>. Additional questions regarding DPH vaccine support can be sent to: DPH-COVID19Vaccine@dph.ga.gov.

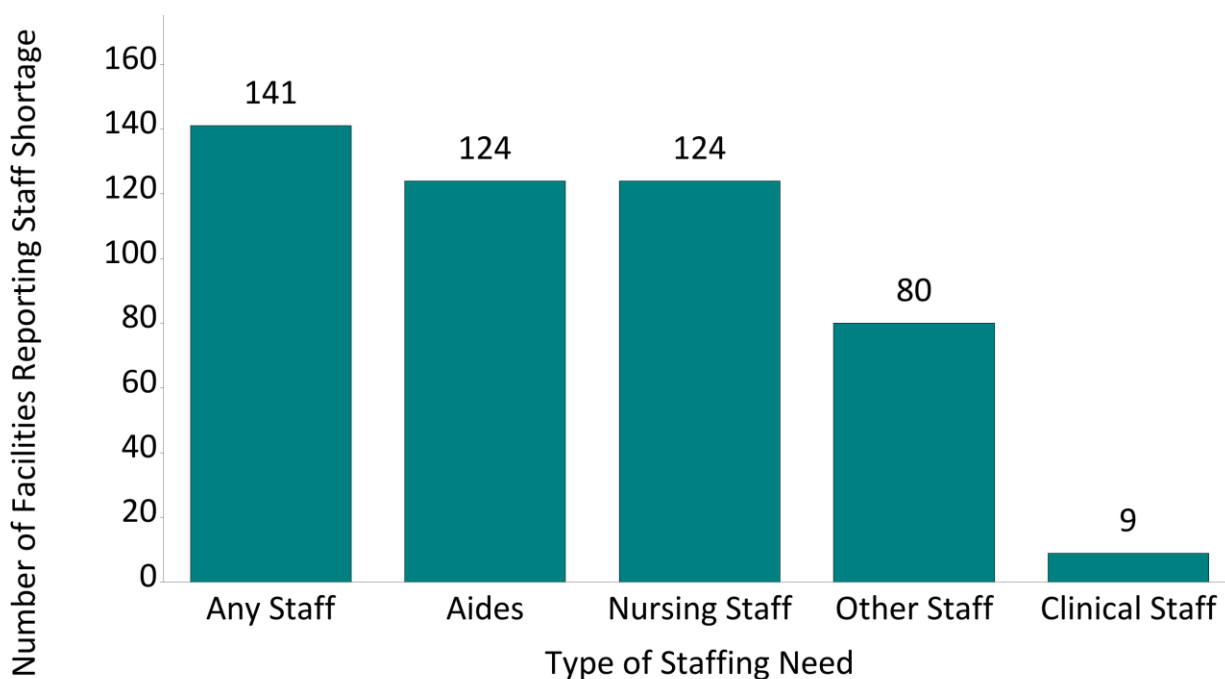
*Data are preliminary as of reported date and are subject to change

Reported Staff Shortages in Skilled Nursing Facilities

In NHSN, skilled nursing homes can report additional data on resource needs. The data below summarizes staffing shortages. Definitions for the categories are below.

- **Aides:** certified nursing assistants, nurse aide, medication aide, or medication technician
- **Nursing staff:** registered nurse, licensed practical nurse, or vocational nurse
- **Clinical staff:** physician, physician assistant, or advanced practice nurse
- **Other staff:** these personnel may include, but are not limited to, environmental services, cook, dietary, pharmacists, pharmacy techs, activities director, care givers, wound care, physical therapy, shared staff, etc.

Figure 12. Skilled Nursing Facilities in Georgia Reporting Shortages in Staff, 12/20/2021 – 12/26/2021



*Data are preliminary as of reported date and are subject to change

Resources for NHSN Vaccination Reporting

We want to ensure that all skilled-nursing facilities are confident in reporting data to the National Healthcare Safety Network (NHSN) for the COVID-19 Vaccination module.

- Data entered the COVID-19 Vaccination module is cumulative! The numbers entered in for the reporting week should be the total sum for that week.
 - If you have 100 residents during the week of June 14, 2021 – June 20, 2021, the sum for all categories (e.g., Complete Vaccination, Partial Vaccination, Medical Contraindication, Offered but Declined, and Unknown Vaccination Status) should equal the total number of residents for that week. This is the same scenario for healthcare personnel.
- The CDC provides tracking worksheets to assist with data entry! If all the columns are filled out correctly the data will auto populate into the summary tab, so data entry will be more efficient.
 - The tracking worksheet for both residents and healthcare personnel can be found at the following link in the Supporting Materials section:
<https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>
 - Reference guide on how to use the vaccination tracking sheet:
<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/tracking-worksheet-qrg-508.pdf>
- Additional Resources
 - Data entry guidance: <https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/data-entry-508.pdf>
 - YouTube video explaining the weekly COVID-19 vaccination reporting (28 minutes):
<https://www.youtube.com/watch?v=n5JTZslaLkK>
 - PowerPoint presentation to go along with YouTube video:
<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/weekly-covid-reporting-508.pdf>
 - Alliant Health Quality provides additional NHSN training resources. Below are a few of the previous SHOP Talk webinars.
 - **September 2021 SHOP Talk NHSN Updates**
 - [VIDEO Recording](#) | [Slides](#)
 - **October 2021 SHOP Talk COVID-19 Data Submission**
 - [VIDEO Recording](#) | [Slides](#)
 - **November 2021 SHOP Talk COVID-19 NHSN Updates**
 - [VIDEO Recording](#) | [Slides](#)

Alliant NHSN contacts for assistance -
 Marilee H. Johnson, MBA, MT (ASCP)
 Technical Advisor, Infection Prevention
Marilee.Johnson@AlliantHealth.org | 919.695.8331

Amy Ward, MS, BSN, RN, CIC
 Infection Prevention Specialist
Amy.Ward@AlliantHealth.org | 678.527.3653

*Data are preliminary as of reported date and are subject to change

Long-Term Care Facility (LTCF) Updates

The Healthcare Associated Infections team is currently working to update the long-term care facility administrative order. The current administrative order can be found on DPH's website (<https://dph.georgia.gov/administrative-orders>).

Infection Prevention

The Department of Public Health Infection Preventionist teams are available for Administrative order review, outbreak assistance for COVID and other infections that require infection control measures. This team is also available to review policies and procedures related to infection prevention.

Table 4. IP Contacts

State Region/Districts	Resource	Contact Information
North (Rome, Dalton, Gainesville, Athens) Districts 1-1, 1-2, 2, 10	Sue Bunnell and Mary Whitaker	Sue.Bunnell@dph.ga.gov (404-967-0582) Mary.Whitaker@dph.ga.gov (404-967-0578)
Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4	Teresa Fox, Cyndra Bystrom, and Renee Miller	Teresa.Fox@dph.ga.gov (404-596-1910) Cyndra.Bystrom@dph.ga.gov Renee.Miller@dph.ga.gov (678- 357-4794)
Central (Dublin, Macon, Augusta) Southwest (Columbus) Districts 5-1, 5-2, 6, 7	Theresa Metro-Lewis and Karen Williams	Theresa.Metro-Lewis@dph.ga.gov (404-967-0589); Karen.Williams13@dph.ga.gov (404-596-1732)
Southeast (Valdosta, Albany) Districts 8-1, 8-2	Connie Stanfill	Connie.Stanfill1@dph.ga.gov (404-596-1940)
Southwest (Savannah, Waycross) Districts 9-1, 9-2	Regina Howard	Regina.Howard@dph.ga.gov (404 967-0574)
Backup/Nights/Weekends	Jeanne Negley and JoAnna Wagner	Jeanne.Negley@dph.ga.gov (404-657-2593); Joanna.Wagner@dph.ga.gov (404-430-6316)

*Data are preliminary as of reported date and are subject to change